

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

6947

BIRTH NO.

REGISTRAR'S NO.

14

1. PLACE OF DEATH A. COUNTY <u>Greenlee</u>	2. USUAL RESIDENCE (WHERE DECEASED LIVED. INSTITUTE: RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY	
	C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <u>Morenci</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <u>Clifton Rural</u>	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 mos 14 yrs</u>	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION)
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Frank</u> B. (MIDDLE) <u>—</u> C. (LAST) <u>Van Alstyne</u>	4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. AGE <u>59</u> YEARS <u>6</u> MONTHS <u>17</u> DAYS	8. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED). <u>Carpenter</u>
9. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New York</u>	11. CITIZEN OF WHAT COUNTRY <u>US</u>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes</u>	13. SOCIAL SECURITY NO. <u>527-05-1858</u>	14. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>
15. FATHER'S NAME <u>Unknown</u>	16. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>	17. MOTHER'S MAIDEN NAME <u>Unknown</u>
18. INFORMANT'S SIGNATURE <u>Mrs Frank Alstyne Maena Ariz</u>		19. DATE OF DEATH (MONTH) <u>Dec</u> (DAY) <u>22</u> (YEAR) <u>1951</u>
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <u>ventricular fibrillation</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)		
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 47</u> 19 <u>51</u> TO <u>Dec 22</u> 19 <u>51</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Dec 20</u> 19 <u>51</u> AND THAT DEATH OCCURRED AT <u>9A</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE (DEGREE OR TITLE) <u>Arthur E Engelder M.D.</u>		23B. ADDRESS <u>Morenci Ariz</u>
23C. DATE SIGNED <u>Dec 23 51</u>		
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>12/24/1951</u>
24C. NAME OF CEMETERY OR CREMATORY <u>Fraternat</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Morenci Ariz</u>
25A. DATE REC'D BY LOCAL REG. <u>12/26/51</u>		25B. REGISTRAR'S SIGNATURE <u>M. D. ...</u>
25C. FUNERAL DIRECTOR'S SIGNATURE <u>J. McMillan</u>		25D. ADDRESS <u>Clifton Ariz</u>
25E. EMBALMER'S SIGNATURE <u>J. McMillan</u>		25F. CERT. NO. <u>166A</u>

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